Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| NAME OF FILER Torie Osborn Assembly 2012 | | | | Date of This Filing _ | 04/24/2012 | Date Stamp | CALIF FO | ORNIA 497 |
|--|--|-------------------------------------|---------------------------------------|-------------------------------|-------------------------------|---|-------------|--------------------|
| AREA CODE/PHONE NUMBER | | I.D. NUMBER (if applicable) 1331635 | | Report No | LCR-20120416 | | For | Official Use Only |
| STREET ADDRESS | | | | Amendment to Report No. | | Page 1 of 2 | | |
| CITY Los Angeles | | STATE ZIP CODE CA 90048 | | (explain below) No. of Pages | 2 | | | |
| Late Contribu | ution(s) Received | | | | | | | |
| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIB (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | | ITOR | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | | AMOUNT RECEIVED |
| 04/16/2012 | John Silva Santa Monica, CA 90405 | | | | IND COM OTH PTY SCC | Activist John Silva | | \$1,000.00 |
| | | | | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | |
| | | | | | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC | | | |
| *Contributor Codes IND - Individual COM - Recipient C OTH - Other | ommittee (other than PTY or | PTY - Politi SCC) SCC - Sma | cal Party Il Contributor Committee | | | | | |

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| NAME OF FILER Torie Osborn Assembly 2012 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1331635 STREET ADDRESS CITY Los Angeles STATE ZIP CODE 90048 | | | | Date of This Filing | Date Stamp Page 2 of 2 | CALIFORNIA FORM 497 For Official Use Only |
|---|---|--|--|--|-------------------------|--|
| Late Contri | bution(s) Made | | | 0.1150 177 117 0.75 0.75 0.75 0.75 0.75 0.75 0.75 0.7 | | |
| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | |
| | | | | | | |
| | | | | | | |
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Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC